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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 105600001		CITY OR TOWN	RUTLAND
APPLICATION	N FOR RENEWAL	: Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: LADD'S,IN	IC.		
DOING BUSIN	NESS A LADD'S I	RESTAURANT		
ADDRESS 64	BARRE-PAXTON	ROAD		
CITY/TOWN:	RUTLAND	STATE: MA	ZIP CODE:	01543
MANAGER:	TOOMEY, MICHAEL J.	TYPE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED I	PREMISES:		
DINING ROO		TORAGE, TWO RESTRO D LOUNGE WITH TWO EN ROOMS.		
I hereby certify	and swear under p	enalties of perjury that:		
1. the	renewed license wi	ll be of the same type for the	he same premises nov	w licensed;
2. the 1	licensee has compli	ied with all laws of the Cor	nmonwealth relating	to taxes; and
3. the 1	premises are now o	pen for business (If not ex	plain below)	
SIGNED BY:	T 1' ' 1 1	D	0.55	
	Individual,	Partner or Authorized Cor	porate Officer	
DATE:			EMBLOWE	CD IDENTIFICATION NUMBER
DATE.	TELI	EPHONE NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
			·	
Acts of 2004,	signed by the buil	ding inspector and the he	ead of the fire depar	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
		nquoi nabinty insurance		
Please Check Belo APPROVED:	<u>DW:</u>			SING AUTHORITY
DISAPPROVED.	ED.		By:	
(If disapproved				
	-			<u> </u>
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 105600002	C	ITY OR TOWN	RUTLAND)
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: RUTLAND SPOI	RTSMAN'S CLUB INC.			
DOING BUSINESS A				
ADDRESS PLEASANTDALE RD				
CITY/TOWN: RUTLAND	STATE: MA	ZIP CODE:	01543	
MANAGER: HOCH, ROBERT A. TY	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V DESCRIPTION OF LICENSED PREM LOCATED ON PLEASANDALE RD II			ONY, BASEN	MENT
FOR CLUB FUNCTIONS, THREE EX			, ,	
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be o	* *	•		
2. the licensee has complied wit		•	taxes; and	
3. the premises are now open for	r business (If not explain	below)		
SIGNED BY: Individual, Partne	er or Authorized Corporat	te Officer		
,	·			
DATE: TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	nspector and the head of	f the fire departi	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 105600003		CI	TY OR TOWN	RUTLAND	
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	PLEASANTDALE V	/ILLAGE, I	NC.			
DOING BUSINESS	A COLONIAL PACK	AGE STOR	Œ			
ADDRESS BARRE	PAXTON RD					
CITY/TOWN: RUT	LAND	STATE:	MA	ZIP CODE:	01543	
MANAGER: FAUC	CHER, JOSEPHTYPE	OF LICEN	SE:Packag	e Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	ES:				
A TWO STORY BLI FOR STORAGE-TW	OG. ONE ROOM ON O EXITS.	THE FIRST	FLOOR,	TWO ROOMS	ON SECONE) FLOOR
I hereby certify and s	wear under penalties o	f perjury tha	t:			
1. the renewe	ed license will be of th	e same type	for the san	ne premises no	w licensed;	
2. the license	ee has complied with a	ll laws of the	Common	wealth relating	to taxes; and	
3. the premis	ses are now open for bu	usiness (If n	ot explain l	pelow)		
SIGNED BY:						
	Individual, Partner o	r Authorized	l Corporate	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
Please Check Below:			T	OCAL LICEN	CINC AUTH	ODITY
APPROVED:				OCAL LICEN By:	ISING AUTHO	ORITY
DISAPPROVED:				, y .		
(If disapproved expla	in)		-			
			-			
			=			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	05600005		CITY OR TO	WN RUTLANI)
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: NOOING BUSINESS A	MAIN ST DISCOUN	T LIQUORS			
ADDRESS 83 MAIN S	TREET				
CITY/TOWN: RUTL	AND	STATE: MA	ZIP CODI	E: 01543	
MANAGER: BLAIR	WILLIAM J.TYPE	OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISE	S:			
ENTRANCE IN RIGHT AREA IN BASMENT LOCATED ON MAIN	WITH EXIT GOING				
3. the premises	has complied with al are now open for bu	siness (If not expl	ain below)	ing to taxes; and	
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICA $^{\prime}$ Individual Social S	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	105600007		CITY OR TOWN	RUTLAND	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	JOSEPH F. CARR				
DOING BUSINESS A	A BEDROCK GOLF	CLUB			
ADDRESS 87 BARR	E PAXTON ROAD				
CITY/TOWN: RUT	LAND	STATE: MA	ZIP CODE:	01543	
MANAGER:	TYPE	E OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEB ICENSED PREMISE		EMAIL ADDRESS		
2. the license	d license will be of th	ne same type for thall laws of the Com	e same premises now amonwealth relating to lain below)		
SIGNED BY:	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	ector and the hea	nd of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 105600009		CITY	OR TOW	'N RUTLANI)
APPLICATION I	FOR RENEWAL:	Annual		LIC	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	IE: MARCIA ROB	ERTS WARRINGTON	/CHRIS	J. WARI	RINGTON	
DOING BUSINE	SS A THE GENER	AL RUFUS PUTNAM	HOUSE	:		
ADDRESS 344 N	MAIN STREET					
CITY/TOWN: F	RUTLAND	STATE: MA	ZI	P CODE:	01543	
MANAGER:	7	ΓΥΡΕ OF LICENSE: In	nholder		CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	MAIL ADD	RESS		
	OF LICENSED PRE					
SECOND FLOOI	R. FULL BASEMEN	ND BATH ON FIRST IT, STORAGE AND B EXITS IN BASEMENT	ATH IN			
I hereby certify as	nd swear under penal	ties of perjury that:				
1. the rer	newed license will be	of the same type for the	e same p	remises n	ow licensed;	
2. the lice	ensee has complied v	vith all laws of the Com	monwea	alth relatin	g to taxes; and	
3. the pre	emises are now open	for business (If not exp	lain belo	ow)		
SIGNED BY:	Individual, Part	ner or Authorized Corp	orate Of	fficer		
DATE:	TELEPH	ONE NUMBER:			YER IDENTIFICAT	
			(.	Note: NOT	Individual Social S	Security Number)
Acts of 2004, sig	gned by the building	are in possession (1) the inspector and the head or liability insurance	d of the	fire depa	artment for the	above named
Please Check Below:			LOC	CAL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED						
(If disapproved ex	xpiain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 105600012		CITY OR TOW	'N KUILANI)
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
	: MR. ROBERTSON' S A STILL FOUR COI		D, INC.		
		KINEKS			
	ARRE-PAXTON RD.				
CITY/TOWN: RU	JTLAND	STATE: MA	ZIP CODE:	01543	
MANAGER: ROLL MA		E OF LICENSE:Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS		
	F LICENSED PREMISI				
_	vith inside dining room t		decks and full ce	ellar.	
· · · · · · · · · · · · · · · · · · ·	swear under penalties				
	wed license will be of the	• •	•		
	usee has complied with a			g to taxes; and	
3. the prem	nises are now open for b	ousiness (If not expla	in below)		
SIGNED BY:	T 12 1 1 D		O CC		
	Individual, Partner of	or Authorized Corpo	rate Officer		
D 4 mm					
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp c certificate of liquor li	pector and the head	of the fire depa	artment for the	above named
Please Check Below:	o con constant or inquest in				
APPROVED:]		By:	NSING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 105600013)	CITY OR TOWN KUTLAN	D
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TAVERN DOING BUSINESS A	ON THE COMMON INC.		
ADDRESS 249 MAIN STREET			
CITY/TOWN: RUTLAND	STATE: MA	ZIP CODE: 01543	
MANAGER: BLAIR, JOEL	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED RESTAURANT LOUNGE & FU I hereby certify and swear under p 1. the renewed license wi 2. the licensee has compl 3. the premises are now of SIGNED BY:	NCTION AREA-SEATING penalties of perjury that: ill be of the same type for the	CAPACITY OF 208 PERSONS same premises now licensed; nonwealth relating to taxes; and hin below)	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the buil license and (2) the certificate of	lding inspector and the head	l of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 105600014		CITY OR TOWN	RUTLAND	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: VASUCON INC.				
DOING BUSINESS A VASUCON				
ADDRESS 529 EAST COUNTY ROAD				
CITY/TOWN: RUTLAND	STATE: MA	ZIP CODE:	01543	
MANAGER: GUPTA, POONAM TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
WOOD FRAMESINGLE STORY BUILD ROOM, OFFICE, FURNACE ROOM & BA			CHEN, STO	ORAGE
2. the licensee has complied with a 3. the premises are now open for but		_	taxes; and	
SIGNED BY: Individual, Partner o	r Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	PRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	05600015		CITY OR TO	WN KUILANI	J
APPLICATION FOR R	LI	CENSED FOR 20	013		
		CLASS			YEAR
LICENSEE NAME: R	RUTLAND MARKE	TPLACE, INC			
DOING BUSINESS A					
ADDRESS 26 POMMO	OGUSSETT ROAD				
CITY/TOWN: RUTLA	AND	STATE: MA	ZIP COD	E: 01543	
MANAGER: LEONA	ARD, SCOTT TYPE	OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLF	CASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISE	S:			
LOCATED AT THE FI EMERGENCY EXIT OF WILL INCLUDE COO SHELVES CONTAINI ADDITION TO TOBA PREMISES WAS MOS	ONLY. THE PREMIS LERS (INCLUDINC NG GENERAL GRO CCO PRODUCTS A	SES WILL BE U G WALK IN COO OCERIES AND S IND THE MASS	SED AS A GRO DLER), DELI A SNACKS, AND ACHUSETTS I	OCERY STORE A ND MEAT COUN BAKED GOODS	AND NTERS,
I hereby certify and swe 1. the renewed	ear under penalties of license will be of the		e same premises	now licensed;	
	has complied with al are now open for bu			ting to taxes; and	
SIGNED BY:	ndividual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE :	NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)])		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					